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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 531 1673

Registration District No. 312 Primary Registration District No. 531 Registrar's No. 1673

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8223 Montreal Dr.				Length of stay in lb 16 mo.		d. STREET ADDRESS 8223 Montreal Dr. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Catherine Middle W. Last Grade				4. DATE OF DEATH Month 6 Day 8 Year 57			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 23, 1878	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 79 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Sommersett, Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Patrick Holloran				14. MOTHER'S MAIDEN NAME Bridgett unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mr. Irvin Grade, 3021 Glade	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) shock due to influenza PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260X						INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 8:15 Month 6 Day 8 Year 57 a. m. 15 p. m. 00							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 16, 57 to 6-8-57 and last saw her alive on 6-7-57 . Death occurred at 8:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carroll G. Wrenn M.D.				22b. ADDRESS 1927 A main		22c. DATE SIGNED 6-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/11/57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union				25. DATE RECD. BY LOCAL REG. 6-10-57		26. REGISTRAR'S SIGNATURE Herbert B. Donde	

(Licensed Embalmer's Statement on Reverse Side)

87.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Warren A. Carr*

Licensed Embalmer No. *3*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.